

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2000

Open to Public Inspection

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury
Internal Revenue Service

A For the 2000 calendar year, OR tax year period beginning <u>JULY 1</u> , 2000, and ending <u>JUNE 30</u> , 2001	
B Check if <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return	C Name of organization NATIONAL VETERANS SERVICES FUND INC Number and street (or P O box if mail is not delivered to street address) Room/suite P O BOX 2465 City or town State or Country ZIP code DARIEN CT 06820
	D Employer identification number 13-3102064 E Telephone number () F Check <input type="checkbox"/> if application is pending

G Organization type (check only one) <input checked="" type="checkbox"/> 501(c) (<u>3</u>) (insert no) <input type="checkbox"/> 527 or <input type="checkbox"/> 4947(a)(1)	Note: H and I are not applicable to section 527 orgs. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes" enter number of affiliates <input type="checkbox"/> Yes <input type="checkbox"/> No H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No" attach a list. See inst.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input type="checkbox"/> No I Enter 4-digit group exemption number (GEN) L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) <input checked="" type="checkbox"/>
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990 or 990-EZ)	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	
K Check here <input type="checkbox"/> if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

SCANNED R e v e n u e s E x p e n s e s N e t A s s e t s	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	635,607		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d	635,607		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		0	
	7	Other investment income (describe)	7			
	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		
	b	Less cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c	0	0	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		0	
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b				
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		0		
10a	Gross sales of inventory, less returns and allowances	10a				
b	Less cost of goods sold	10b				
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		0		
11	Other revenue (from Part VII, line 103)	11				
12	Revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		635,607		
13	Program services (from line 44, column (B))	13		194,718		
14	Management and general (from line 44, column (C))	14		15,595		
15	Fundraising (from line 44, column (D))	15		642,337		
16	Payments to affiliates (attach schedule)	16				
17	Total expenses (add lines 16 and 44, column (A))	17		852,650		
18	Excess or deficit for the year (subtract line 17 from line 12)	18		-217,043		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		-252,205		
20	Other changes in net assets or fund balances (attach explanation)	20				
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		-469,248		

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22 0			
23 Specific assistance to individuals (attach schedule)	23 0			
24 Benefits paid to or for members (attach schedule)	24 0			
25 Compensation of officers, directors, etc	25 0			
26 Other salaries and wages	26 18,346	13,943	4,403	
27 Pension plan contributions	27 0			
28 Other employee benefits	28 0			
29 Payroll taxes	29 2,240	1,702	538	
30 Professional fundraising fees	30 118,216			118,216
31 Accounting fees	31 0			
32 Legal fees	32 0			
33 Supplies	33 5,705	4,336	1,369	
34 Telephone	34 8,197	6,230	1,967	
35 Postage and shipping	35 573	435	138	
36 Occupancy	36 13,497	10,258	3,239	
37 Equipment rental and maintenance	37 3,528	2,681	847	
38 Printing and publications	38 0			
39 Travel	39 1,950	1,482	468	
40 Conferences, conventions, and meetings	40 0			
41 Interest	41 0			
42 Depreciation, depletion, etc (attach schedule)	42 0			
43 Other expenses (itemize) a INSURANCE	43a 10,526	8,000	2,526	
b BANK CHARGES	43b 209	159	50	
c PERMITS/LICENSES/FEES	43c 5,328			5,328
d MISCELLANEOUS	43d 206	156	50	
e MAILINGS/FUNDRAISING EXPENSES	43e 664,129	145,336		518,793
f	43f 0			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D) carry these totals to lines 13 - 15	44 852,650	194,718	15,595	642,337

Reporting of Joint Costs

Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?

☐ Yes☐ No

If "Yes," enter (i) the aggregate amount of these joint costs

\$ _____, (ii) the amount allocated to Program services \$ _____

(iii) the amount allocated to Management and general

\$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

(See Specific Instructions on page 23.)

Program Service**Expenses**

(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)

What is the organization's primary exempt purpose?

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a EDUCATE AND INFORM THE PUBLIC ABOUT THE NEEDS OF VETERANS AND THEIR FAMILIES, PRIMARILY CONCERNING THE AGENT ORANGE AND GULF WAR ILLNESS ISSUES, TO ASSESS NEEDS AND PROVIDE LIMITED ASSISTANCE AND RELIEF THROUGH PROGRAMS OF REFERRALS AND ADVOCACY ASSISTANCE	(Grants and allocations \$	194,718
b	(Grants and allocations \$	
c	(Grants and allocations \$	
d	(Grants and allocations \$	
e Other program services (attach schedule)	(Grants and allocations \$	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		194,718

Part IV Balance Sheets

(See Specific Instructions on page 23.)

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year	(B) End of year
Assets			
45	Cash - non-interest-bearing	25,579	45 2,915
46	Savings and temporary cash investments		46
47a	Accounts receivable		47c
b	Less allowance for doubtful accounts		47c 0
48a	Pledges receivable		48c
b	Less allowance for doubtful accounts		48c 0
49	Grants receivable		49
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50
51a	Other notes and loans receivable (attach schedule)		51c
b	Less allowance for doubtful accounts		51c 0
52	Inventories for sale or use		52
53	Prepaid expenses and deferred charges		53
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
55a	Investments - land, buildings, and equipment basis		55c
b	Less accumulated depreciation (attach schedule)		55c 0
56	Investments - other (attach schedule)	0	56 0
57a	Land, buildings, and equipment basis	72,547	57c
b	Less accumulated depreciation (attach schedule)	72,547	57c 0
58	Other assets (describe DEPOSIT)	1,800	58 1,800
59	Total assets (add lines 45 through 58) (must equal line 74)	27,379	59 4,715
Liabilities			
60	Accounts payable and accrued expenses	259,784	60 454,163
61	Grants payable		61
62	Deferred revenue		62
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63
64a	Tax-exempt bond liabilities (attach schedule)		64a
b	Mortgages and other notes payable (attach schedule)	19,800	64b 19,800
65	Other liabilities (describe)	0	65 0
66	Total liabilities (add lines 60 through 65)	279,584	66 473,963
Net Assets or Fund Balances			
Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted		67
68	Temporarily restricted		68
69	Permanently restricted		69
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
70	Capital stock, trust principal, or current funds		70
71	Paid-in or capital surplus, or land, bldg, and equipment fund		71
72	Retained earnings, endowment, accumulated income, or other funds	(-252,205)	72 (-469,248)
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	(-252,205)	73 -469,248
74	Total liabilities and net assets/fund balances (add lines 66 and 73)	27,379	74 4,715

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
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Expenses per Return			
a	Total expense and losses per audited financial statements	a	852,650
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify)		

Add amounts on lines (1) thru (4)		b	0
c	Line a minus line b	c	852,650
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify)		

Add amounts on lines (1) and (2)		d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	852,650

(List each one even if not

compensated, see Specific Instructions on page 25)

[illegible]☒ No

Form 990 (2000)

Part VI Other Information

(See Specific Instructions on pages 26)

	N/A	Yes or No
76 Did the organization engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity	76	NO
77 Were any changes made in the organizing or governing documents, but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	NO
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	NO
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	NO
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	NO
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	NO
b If "Yes," enter the name of the organization _____ _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	
b Did the organization file Form 1120-POL for this year?	81b	NO
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	NO
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	YES
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	YES
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	NO
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	NO
85 501(c)(4), (5), or (6) organizations (a) Were substantially all dues nondeductible by members?	85a	NO
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	NO
c Dues, assessments, and similar amounts from members	85c	
d Section 162(e) lobbying and political expenditures	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	NO
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	NO
86 501(c)(7) orgs - Enter (a) Initiation fees and capital contributions included on line 12	86a	
b Gross receipts, included on line 12, for public use of club facilities	86b	
87 501(c)(12) orgs - Enter (a) Gross income from members or shareholders	87a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88 At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes" complete Part IX	88	NO
89a 501(c)(3) organizations - Enter Amount of tax paid during the year under section 4911 _____, section 4912 _____, section 4955 _____		
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes" attach a statement explaining each transaction	89	NO
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under section 4912, 4955 and 4958		
d Enter Amount of tax in 89c, above, reimbursed by the organization		
90a List the states with which a copy of this return is filed <u>ALL STATES</u>		
b Number of employees employed in the pay period that includes March 12, 2000 (See inst.)	90b	
91 The books are in care of <u>KRAFT/SPARROW</u> Telephone no <u>1-800-521-0198</u> Located at <u>163 WEST AVE, DARIEN, CT</u> ZIP code _____		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-- Check here <input type="checkbox"/> enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities

(See Specific Instructions on pages 30.)

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
b					
c					
d					
e					
104 Subtotal (add cols (B), (D), and (E))		0		0	0
105 TOTAL (add line 104 columns (B), (D), and (E))					0

Note (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

(See Specific Instructions on page 31.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(See Specific Instructions on page 31.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(See Specific Instructions on page 31.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☐ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☐ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge

and the information furnished therein is true and correct and that the preparer (other than officer) is based on all information of which preparer has any knowledge

4/11/02

Date

PHILIP KRAFT

Type or print name

SECRETARY

Title